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SITUATION AND TRENDS IN DRUG ABUSE AND THE ILLICIT TRAFFIC

Drug abuse: extent, patterns and trends

Report of the Secretary-General

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INTRODUCTION

1. The present document is based on data contained in government reports on the working of the international drug control treaties submitted to the Secretary-General for 1989. In section I, the world situation with regard to reported drug abuse, is summarized; in section II, the extent, patterns and trends of drug abuse, are reviewed by region, and section III contains an outline of regional measures to reduce illicit demand. The extent, patterns and trends of drug abuse are described in annex I and annex II contains a list of specific measures to reduce the illicit demand for drugs. The designations employed and the presentation of material in this report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, Territory, city or area, or any authority, or concerning the delimitation of any frontiers or boundaries. The United Kingdom of Great Britain and Northern Ireland submitted data on behalf of the Cayman Islands, Grenada and Hong Kong.

2. The reliability of the conclusions reached is limited by the number of countries that have replied. From Africa, replies were received from 11 out of 51 countries; from the Americas 13 out of 42; from Asia and the Far East 7 out of 23; from Europe 22 out of 35; from the Near and Middle East 5 out of 17 and from Oceania 3 out of 18. Reliability is further limited by the quality of some of the data, which was largely dependent on the extent to which surveys were conducted or drug-related registers were maintained.

I. SUMMARY OF THE WORLD SITUATION WITH REGARD TO DRUG ABUSE

3. World drug abuse in general showed a pattern of stability or even some decrease, Africa and South America being the main exceptions.

4. The overall trends can be seen in figures I-III, showing the trends by drug, by region and by drug and region combined. It must, however, be noted that the figures only represent the actual number of reports received. Some countries reported on several drugs, some on only one. Also, the size of the drug-abusing population is not reflected in the figures, so that a country with a very large drug-abusing population running into millions, which reported a decline in the problem, carried the same weight as a very small country reporting an increase from a base of tens of illicit users.

5. In Africa reports showed a deteriorating situation, abuse of cannabis, cocaine, heroin and psychotropic substances having escalated, mainly owing to problems regarding control of illicit traffic. In the Americas, decreasing abuse of cocaine and cannabis in North America was counterbalanced by increasing abuse of coca-type drugs in South America and of cocaine and cannabis in some Caribbean islands. The cause was generally attributed to greater availability or to problems regarding illicit traffic. In the Near and Middle East, the situation varied, Egypt reporting a large increase in narcotic drugs and psychotropic substances, due, they argued, to an increase in population, while other Governments for the most part reported a stable situation. In Europe, Oceania and Asia and the Far East, the situation was in general stable.

6. Opiate abuse was reported as a serious problem in all areas except South America. In Europe, Oceania and Asia and the Far East, opiates were the main

Figure I. Reported general trends in drug abuse, 1989, by type of drug
(World total)

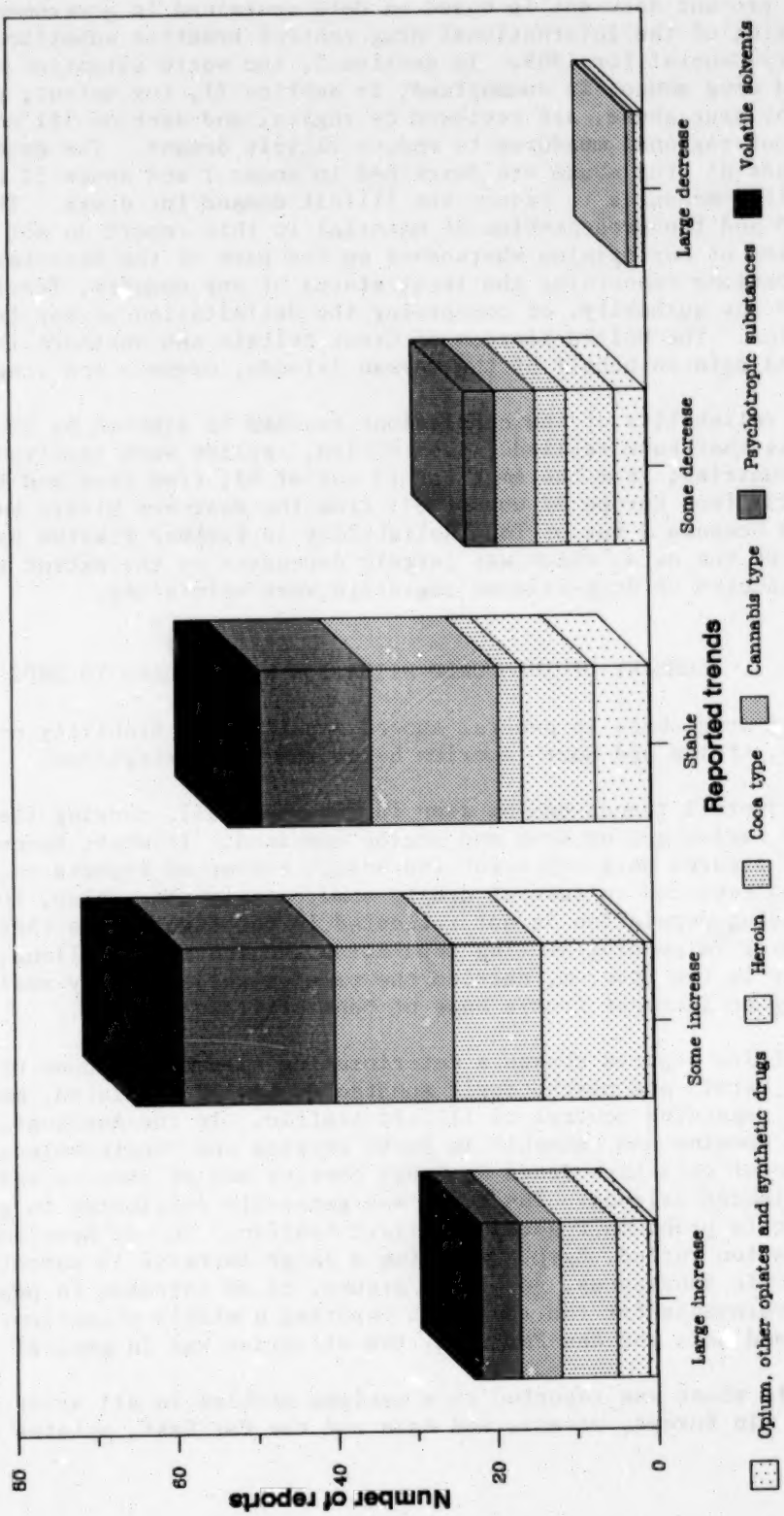


Figure II. Reported general trends in drug abuse, 1989, by region
(World total)

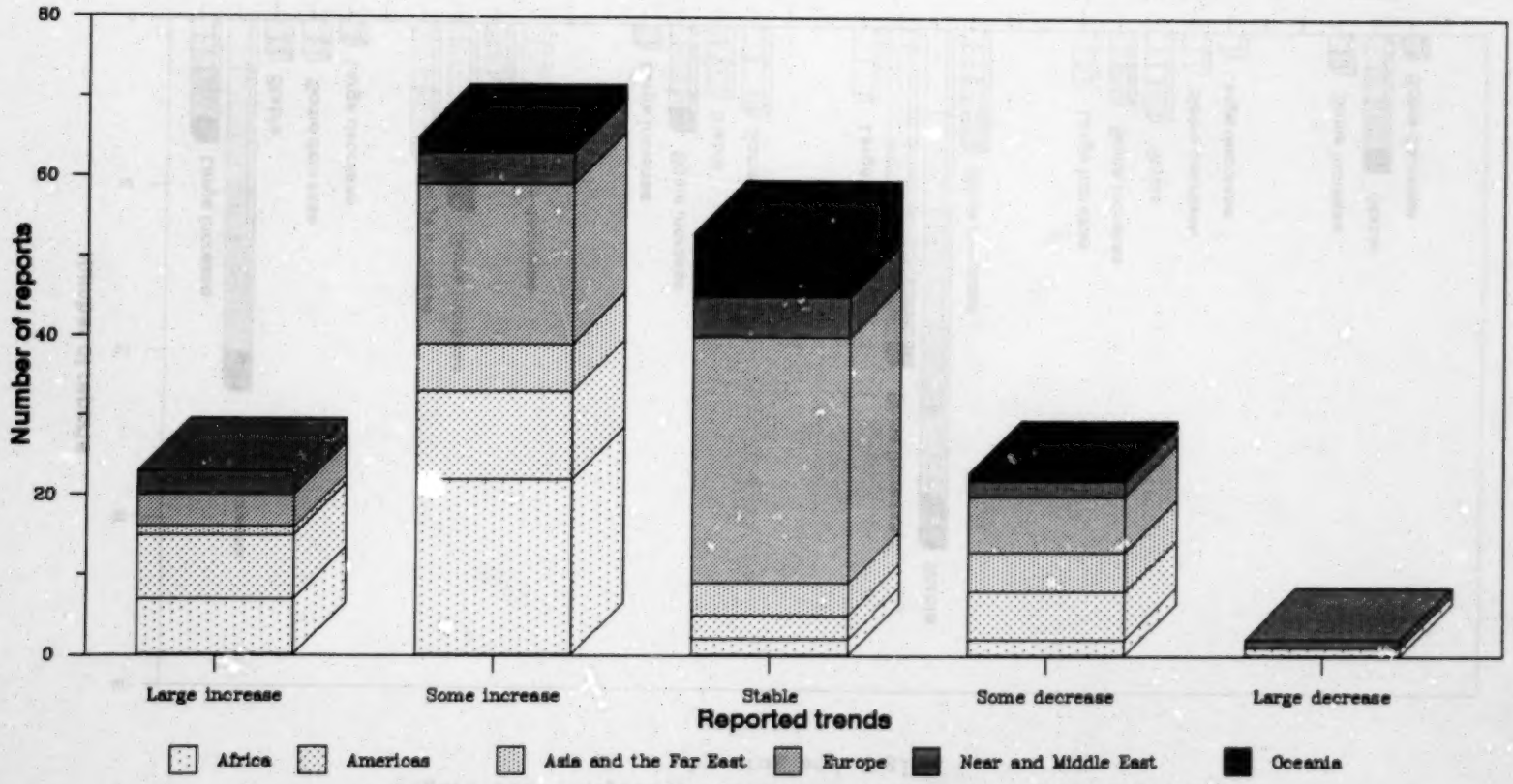
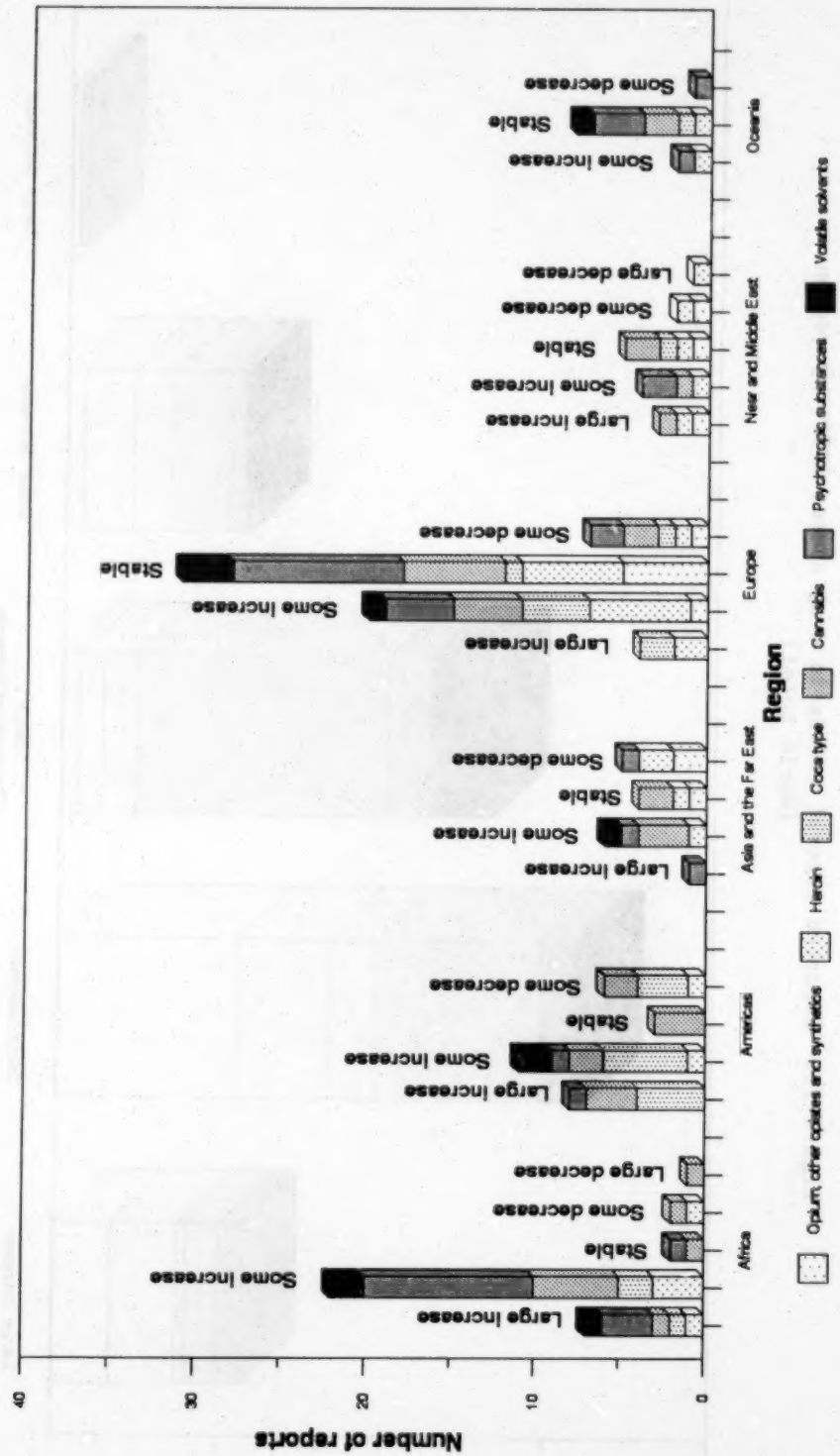


Figure III. Reported world-wide trends in drug abuse, 1989, by drug and region



Note: Figure III is based on the actual number of reports received from Governments on the different drugs and does not take into account the total number of drug abusers.

problem drugs. Abuse of heroin showed a decreasing trend in Europe and North America. To some extent the trend was present in Asia and the Far East, where traditional opium abuse, in particular, was on the decrease. In Africa and the Near and Middle East, though, abuse of opiates, in particular heroin, was increasing.

7. Abuse of coca-type drugs constituted the main drug problem in the Americas. In Europe it was a major concern and in Africa it was a great problem for certain countries. In Oceania and Asia and the Far East, cocaine abuse was only a minor problem. Abuse of coca-type drugs had decreased in North America, but increased in South America, Africa and Europe, although not uniformly so in Europe, nor to the extent previously predicted.

8. Cannabis remained the most widely abused illicit drug. Its abuse had been decreasing in North America, but had increased in Africa and Asia and the Far East. In Europe and Oceania the situation was stable.

9. Abuse of psychotropic substances remained a significant problem in all areas. Abuse of amphetamines and other stimulants had shown some increasing trend in Africa, in some countries in Asia and the Far East, in the Near and Middle East and in Oceania. Abuse of benzodiazepines, minor tranquillizers, barbiturates and sedative hypnotics was increasing in Africa, but in parts of Asia, the Far East and Oceania appeared to be on the decrease.

10. Hallucinogens caused problems of abuse in only a few countries, but many countries reported the abuse of volatile solvents.

11. Young people were the main users of illicit drugs. Drug abuse seemed to follow a certain age pattern, volatile solvents tending to be abused by the 8-20-year-olds, cannabis and psychotropic substances by the 16-35 age group, heroin and coca-type drugs in general by 20-35-year-olds.

12. Regionally, age groups of drug abusers varied from 18-40 in the Americas, 17-35 in Oceania, 20-40 in the Near and Middle East, 20-35 in Europe, 20-30 in both Africa and Asia and the Far East. Drug abuse was most common among males in urban areas, the proportion of women being approximately 30 per cent in Europe, North America and Oceania, and generally below 10 per cent in the rest of the world.

13. Almost all countries had carried out preventive programmes. The target group was first of all young people in general, and some countries also focused on specific risk groups in that category. Preventive measures varied from one country to another and had been adapted to societal structures and cultural characteristics. In most countries, preventive information was addressed directly to young people, and in many countries was part of the school curriculum. In other countries, however, preventive efforts were mainly directed at intermediaries such as heads of families and teachers. There was only very limited use of the mass media or of information services for the general public.

14. A great variety of programmes for the treatment, rehabilitation and social reintegration of drug abusers were reported to have been implemented, with some success, in all geographical areas. The most successful had been characterized by a comprehensive, often interdisciplinary approach aimed at social reintegration, drawing in existing community resources and the family of the abuser.

In Europe, Oceania and Asia and the Far East, methadone maintenance programmes aimed at improving the physical and social well-being of the drug abuser had been of great importance.

II. REVIEW OF DRUG ABUSE: EXTENT, PATTERNS AND TRENDS BY REGION

A. Africa

15. Of the 11 African countries providing information, two had conducted sample surveys of drug abuse among the general population, and five had carried out sample surveys of students or other special population groups. Five countries kept statistics on the numbers of people receiving or requesting treatment, five were maintaining statistics on the numbers of people treated for medical emergencies related to drug abuse, and four gathered statistics on the numbers of deaths resulting from, or related to, drug abuse. One country maintained a continuous register of known drug abusers, and three countries were systematically collecting other data providing indicators of levels and trends of drug abuse.

16. Government reports continued to indicate deterioration in the drug abuse situation in the region. Cannabis, often in combination with other substances, remained the most commonly abused drug, but the problem had in recent years escalated to include psychotropic substances, heroin and cocaine. In some countries the situation was worsened by problems with the control of illicit traffic, but in others preventive measures had been able to reverse the deterioration. Drug abuse was most widespread in urban areas, the predominant age group being the 20-30-year-olds, only 5-7 per cent being women.

B. Americas

17. Of the 13 countries in the Americas providing information, five had conducted sample surveys of drug abuse among the general population and five had carried out sample surveys of students or other special population groups. Statistics were collected by nine countries on the numbers of people receiving or requesting treatment; five countries were maintaining statistics on the numbers of people treated for medical emergencies related to drug abuse; and four countries gathered statistics on numbers of deaths resulting from, or related to, drug abuse. A register of known drug abusers was maintained by three countries and five countries were systematically gathering other data on indicators of levels and trends of drug abuse.

18. In the United States of America, abuse of heroin, cocaine and cannabis showed some decrease, while the abuse of coca-type substances was generally on the increase in South America and on the Caribbean islands, where abuse of cannabis had also increased. The increases were attributed to the greater availability of drugs and problems regarding control of illicit traffic. The predominant age-group of drug abusers was 18-30 years, women abusers comprising one third in North America and approximately one fifth on the Caribbean islands. In South America the proportion of women was very low.

C. Asia and the Far East

19. Of the seven countries in Asia and the Far East providing information for 1989, one country had conducted sample surveys of drug abuse among the general

population, five had carried out sample surveys of students or other special population groups, and six were maintaining statistics on the numbers of people receiving or requesting treatment. Statistics were collected by four countries on the numbers of people treated for medical emergencies related to drug abuse; five collected statistics on the numbers of deaths resulting from, or related to, drug abuse; five maintained a register of known drug abusers; and five were systematically gathering other data providing indicators of levels and trends of drug abuse.

20. The drug abuse situation in the area was generally stable. There was a decrease in the use of opiates, particularly in traditional opium abuse ascribable to tradition. The average age of heroin abusers was 26-33 years, whereas the average age for cannabis was 18-28 years. In general the proportion of women was below 10 per cent, with the exception of Japan, where it was approximately 16 per cent.

D. Europe

21. Of the 22 European countries providing information for 1989, 10 had conducted sample surveys of drug abuse among the general population; 13 had carried out sample surveys of students or other special population groups; 15 maintained statistics on the numbers of people receiving or requesting treatment; and 13 were collecting statistics on the numbers of people treated for medical emergencies related to drug abuse. Fifteen countries gathered statistics on the numbers of deaths resulting from, or related to, drug abuse, 10 countries maintained a register of known drug abusers, and 14 were systematically gathering other data providing indicators of levels and trends of drug abuse.

22. The injection of heroin, cocaine and, to a lesser extent, amphetamine-type substances and depressants continued to present serious problems in the region. The abuse of heroin, cannabis and psychotropic substances had generally been stable, while cocaine had shown a slight increase.

E. Near and Middle East

23. Of the five countries in the Near and Middle East providing information for 1989, two had conducted sample surveys of drug abuse among the general population; three had conducted sample surveys of students or other special population groups; and three were maintaining statistics on the numbers of people receiving or requesting treatment for drug abuse. One country was collecting statistics on the numbers of people treated for medical emergencies related to drug abuse; one was gathering statistics on the numbers of deaths resulting from, or related to, drug abuse; and two were maintaining a register of known drug abusers. None of the countries was systematically gathering other data providing indicators of levels and trends of drug abuse.

24. The trend in drug abuse varied from country to country, and no single drug category showed a uniform pattern. Deterioration was geographically confined, the reasons put forward being an increase in population.

F. Oceania

25. Of the three countries of Oceania providing information for 1989, one had conducted sample surveys of drug abuse among the general population; one

country had conducted sample surveys of students or other special population groups; and two were maintaining statistics on the numbers of people receiving or requesting treatment for drug abuse. Two countries were collecting statistics on the numbers of people treated for medical emergencies related to drug abuse; two on the numbers of deaths resulting from, or related to, drug abuse; one country was maintaining a register of known drug abusers, and one was systematically gathering other data providing indicators of levels and trends of drug abuse.

26. The drug abuse situation was generally stable in the region, minor changes being due to variations of supply, and no single drug category showed significant developments.

III. MEASURES TO REDUCE ILLICIT DEMAND FOR DRUGS, BY REGION

27. Twenty-seven countries replied both to the annual reports questionnaire and to the questionnaire on the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control. 1/ In the report on the latter (E/CN.7/1991/19), much more detail will be found regarding drug prevention programmes carried out by these countries.*

A. Africa

1. Prevention

28. In Africa, information on drug abuse prevention was primarily aimed at young people. In some countries such information was incorporated into the school curricula, but intermediaries like associations, pharmacists or nurses had also served as target groups. Only a few countries had channelled information through the mass media or introduced inventive or experimental programmes.

2. Treatment, rehabilitation and social reintegration

29. A great variety of measures aimed at treatment, rehabilitation and social reintegration were reported; involvement of the family seemed to have led to some success.

B. Americas

1. Prevention

30. In general in the Americas, the Latin countries were directing information to family heads and educationalists. The Caribbean islands seemed to have concentrated efforts on informing young people and groups at risk more directly.

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*By 1 September 1990, the following countries had replied to both the annual reports questionnaire and the questionnaire on the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control: Australia, Chad, Côte d'Ivoire, Czechoslovakia, Denmark, Ecuador, Egypt, Finland, Hungary, Israel, Japan, Mexico, Monaco, Netherlands, Norway, Peru, Philippines, Poland, Portugal, Singapore, South Africa, Sweden, Switzerland, Thailand, Tuvalu, United States of America and Venezuela.

A few countries included drug prevention programmes in school curricula. One country used the mass media, and several reported a satisfactory outcome with preventive programmes.

2. Treatment, rehabilitation and social reintegration

31. Some success with treatment, rehabilitation and social reintegration had been reported from the region. A new interdisciplinary approach to treatment and social reintegration had shown positive results.

C. Asia and the Far East

1. Prevention

32. In most countries of Asia and the Far East, information on drug abuse was targeted not only at young people but also at parents and teachers or community leaders. In some countries, drug prevention was part of the school curriculum. In only a few countries were there any programmes aimed at specific risk groups or the general public, or using mass media.

2. Treatment, rehabilitation and social reintegration

33. Success was reported for some programmes that emphasized a comprehensive approach to treatment aimed at social reintegration, drawing on community resources. Some also had a military or religious component.

D. Europe

1. Prevention

34. In approximately half of the European countries that submitted reports, information on drug abuse prevention was part of the school curriculum, and most countries directed information at parents or teachers, but very few relied on addressing the information to intermediaries only. Some countries had programmes targeting specific risk groups. Very few tried to reach the general public or used the mass media.

2. Treatment, rehabilitation and social reintegration

35. Approaches and goals for treatment, rehabilitation and social reintegration varied from one reporting country to another. Some included improvement of the physical and social well-being of drug abusers as a goal, others saw total abstinence as the only goal, and still others accepted long-term methadone maintenance as a necessary step towards the ultimate goals of abstinence.

E. Near and Middle East

1. Prevention

36. In the Near and Middle East, prevention programmes were being carried out in schools, universities and workers' groups in Egypt. In the Islamic Republic of Iran, appropriate information was given to students in their textbooks. The general public was informed through the mass media. A substance abuse programme had been implemented in the school system in Israel, composed of a variety of subprogrammes touching on the positive aspects of a drug-free life, aimed at different groups of young people. In Qatar prevention programmes used the mass media.

2. Treatment, rehabilitation and social reintegration

37. Some positive results in treatment, rehabilitation and social reintegration were reported from the region.

F. Oceania

1. Prevention

38. In Oceania, a wide variety of prevention programmes had been implemented in Australia, involving education, training and information directed at risk groups like young people and aborigines, and intermediaries like parents and teachers. In New Zealand, a number of programmes directed at primary and secondary school pupils appeared to have had some success.

2. Treatment, rehabilitation and social reintegration

39. Some good results were reported from treatment, rehabilitation and social reintegration programmes in the region. Methadone maintenance programmes were being widely applied.

Note

1/ Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987 (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A.

Annex I

EXTENT, PATTERNS AND TRENDS OF DRUG ABUSE, BY REGION AND BY TYPE OF DRUG

A. Africa

1. Narcotic drugs

1. Several countries reported the abuse of opiates. In Burkina Faso a large increase was reported in the abuse of heroin, mainly due to the development of air traffic routes to India and lack of control facilities at the airport of Ouagadougou. Abuse of synthetic drugs was also reported. Chad recorded an annual prevalence of 50,000 persons abusing opium or heroin, mainly in urban areas, and among a very wide age group, varying from 20 to 70. Côte d'Ivoire reported some increase in the abuse of heroin by smoking or sniffing, mainly abused by the 20-30-year age group in urban areas. Three deaths were recorded, all due to an overdose. Mauritius noted some decrease in the abuse of heroin (Brown Sugar), due to preventive, rehabilitative and educational measures; the predominant age group was 20-30 years, with 5 per cent estimated to be women. Nigeria said that there had been an increase in the abuse of heroin by sniffing or smoking, due to stepped up local distribution by traffickers, and deteriorating employment opportunities which made drug abuse more tempting to young people. The predominant age group was 20-35 years, 5 per cent being women. South Africa also announced a general increase in the abuse of narcotic drugs, including opium and heroin.

2. A large increase in the abuse of cocaine by smoking or sniffing had occurred in Côte d'Ivoire, primarily due to increased illegal traffic. The predominant age group was estimated to be in the 20-30-year range. Nigeria reported some increase in the abuse of cocaine, due to intensified efforts by traffickers to establish a local market. Abuse was most prevalent among young people in urban areas from middle and upper middle class homes, especially students with higher education. About 10 per cent were women. South Africa also reported abuse of cocaine.

3. Almost all the countries providing information reported abuse of cannabis. The proportion of female abusers ranged from 3 per cent in Tunisia to 7 per cent in Burkina Faso and 12 per cent in Ethiopia. Burkina Faso attributed a large increase in the abuse of cannabis in the 20-32-year age group to the lack of resources for controlling traffic at frontiers. In Côte d'Ivoire, however, there was some decrease in the abuse of cannabis. Ethiopia reported increasing abuse of cannabis in the 20-30-year age group, while, for the same year, Mauritius reported a large decrease, due to preventive, rehabilitative and educational measures. In Nigeria, the situation regarding cannabis was stable, abuse being most prevalent among the unemployed, young people and low-income workers. The predominant age group was 20-35 years, and 15-20 per cent were women. Madagascar, South Africa, Tunisia and Zimbabwe all said that there had been some increase in the abuse of cannabis, as did Chad.

2. Psychotropic substances

4. Burkina Faso recorded an increase in the abuse of stimulants, among the 20-40-year-olds, the proportion of women abusers being 7.3 per cent. Chad reported a large increase in the abuse of psychotropic substances, particularly of amphetamine, the main reason being lack of sufficient control. The

predominant age group was estimated to be in the 15-40-year range. Côte d'Ivoire also mentioned some increase in the abuse of amphetamines by people of all ages. South Africa and Tunisia also described some increase in the abuse of psychotropic substances.

5. A number of countries reported abuse of benzodiazepines, tranquillizers, barbiturates or non-barbiturate sedative-hypnotics. Countries reporting the abuse of benzodiazepines and minor tranquillizers included Burkina Faso, Chad, Côte d'Ivoire, Madagascar, Mauritius and Nigeria. Those substances were often abused in combination with opiates, alcohol or cannabis. Madagascar reported increasing abuse of benzodiazepines and meprobamate, often in combination with alcohol. Such abuse occurred mainly in the 20-45-year age group. In Mauritius, codeine abuse increased as a result of a deprivation of hard drugs. Nigeria said that there was some increase in the abuse of benzodiazepines, particularly Diazepam, because they were readily available. The predominant age group was 35 years and above, 20 per cent being women. Countries reporting the abuse of barbiturates or non-barbiturate sedative-hypnotics included Burkina Faso, Chad, Côte d'Ivoire and South Africa. Côte d'Ivoire reported an increasing abuse of barbiturates in all age groups. In South Africa, the abuse of Mandrax (methaqualone), often in combination with cannabis, was documented.

6. Chad and South Africa noted that there was also abuse of hallucinogens.

3. Volatile solvents

7. Burkina Faso, Chad and South Africa all registered the abuse of volatile solvents.

B. Americas

1. Narcotic drugs

8. The abuse of heroin and other opiates by injection remained a serious problem, especially in the United States of America.

9. The United States reported a slight decrease in the abuse of heroin, but deaths relating to heroin or morphine abuse had increased from 1,572 in 1988 to 2,480 in 1989. The proportion of women heroin abusers remained stable, and was estimated at 29.7 per cent. Abuse of heroin was most prevalent in the 20-39-year age group, and heroin was commonly abused in combination with alcohol or cocaine. In Mexico, 28 persons were registered for abusing heroin and 45 persons for other opiates. It was estimated that 0.09 per cent of the population had abused heroin at least once. The corresponding figure for other opiates was 0.15 per cent. The existence of heroin abuse was also noted by the Bahamas.

10. Cocaine abuse continued to be the main problem in the region. Sniffing or injecting cocaine hydrochloride and smoking cocaine base or coca paste continued to increase in many countries. Coca paste, an intermediate product of cocaine extraction from coca leaves, was abused (by smoking) mainly in the countries that produced it.

11. The Bahamas reported that cocaine was smoked in all social strata, particularly by the 16-25-year age group, of which 30 per cent were women. Cocaine was often abused in combination with cannabis or alcohol but some decline was noted in its use. Three cocaine-related deaths were reported.

12. An annual prevalence of one to 2,000 abusers of cocaine, especially in the form of crack but commonly combined with alcohol and cannabis, was reported by the Cayman Islands although the trend was observed to be decreasing. The predominant age group was 20-29 years. Approximately 20 per cent were women. Ecuador recorded some increase in the abuse of coca paste by smoking and it was estimated that 3 per cent of the abusers were women. Abuse mainly occurred in urban areas and was commonest in the high and medium social strata, the most frequent age group of abusers being 18-30 years. Grenada reported a large increase in the sniffing of cocaine, the suspected reason being foreign influence and the existence of a free port. Abuse was most prevalent in the 20-35-year age group, and it was estimated that women made up 50 per cent of the abusers. Mexico stated that an estimated 0.28 per cent of the population had abused cocaine at least once in their lifetime, and some 88 persons were registered for abuse of cocaine. Saint Lucia reported an increase in the abuse of crack cocaine, predominantly among the 18-35-year age group, 25 per cent being women. An increase in the sniffing of cocaine also occurred in Saint Vincent and the Grenadines, often in combination with marijuana. The predominant age group of abusers was 17-40 years, an estimated 20 per cent being women. The United States reported a decrease in cocaine. According to the National Household Survey on Drug Abuse, the estimated annual prevalence of cocaine abuse was 8.2 million persons in 1988. Cocaine was predominantly abused in combination with alcohol or heroin, and was most prevalent in the 20-39-year age group, of which 32 per cent were women. Blacks were over-represented in proportion to their numbers in the general population in relation to the cocaine-using population; 3,308 cocaine-related deaths were reported, 2,117 being attributed to overdose. An increase in the abuse of cocaine also occurred in Uruguay, mainly by sniffing, often in combination with marijuana, amphetamines or alcohol. The predominant age group of abusers was 15-25 years, the proportion of women being estimated at 14.2 per cent. Cocaine abuse could not be related to any specific population group. Venezuela reported a large increase in the abuse of cocaine by injection or sniffing, and coca paste by smoking, the reason given being the greater availability of cocaine and coca paste. The annual prevalence was estimated at 223,000 persons, and the predominant age group 20-25 years, the proportion of women being estimated at 3 per cent. Coca paste was often abused in combination with cocaine, cannabis, alcohol, benzodiazepines or barbiturates. Cocaine and coca paste were mainly confined to urban areas.

13. Cannabis remained the most widely abused illicit drug, affecting almost all countries and territories in the region. The level of abuse was generally stable, but had worsened in some Caribbean countries.

14. In the Bahamas, there was a decrease in cannabis use, but the drug was abused, often in combination with cocaine or alcohol by teenagers and young people from all social strata, of which 40 per cent were estimated to be women. In the Cayman Islands, however, there was a large increase in the number of people seeking treatment for cannabis abuse, which might indicate increased abuse. Cannabis was most prevalent in the 20-29-year age group, and the proportion of women was estimated to be 19 per cent. Cannabis was often abused in combination with crack or alcohol. Ecuador reported some increase in cannabis use, mainly by teenagers in the lower social strata and often in combination with coca paste, but only two per cent were estimated to be women.

15. A large increase in marijuana was recorded by Grenada, mainly due to its greater availability. Marijuana was abused by an age group ranging from 12 to 40 years, but the proportion of women abusers was estimated at only 4 per cent.

Mexico said that an estimated 2.52 per cent of the population had abused cannabis at least once in their lifetime, 803 persons having been registered in 1989. A stable situation was noted by Saint Lucia regarding cannabis, the predominant age group being 15-40 years, 10 per cent of them women. Saint Vincent and the Grenadines, however, stated that there was extensive abuse of marijuana by people in the 17-40-year age group, 20 per cent being women. The United States announced that there was some decrease in marijuana/hashish, the number of abusers being estimated at 21 million persons according to a 1988 household survey. The age range was found to be 20-29 years, 27.3 per cent of whom were women. Cannabis was commonly abused, together with cocaine, alcohol or phencyclidine (PCP), and the number of related deaths was 263, of which 120 were due to overdose. Uruguay reported a stable situation in relation to cannabis, the predominant age group being 15-25 years and the proportion of women was 14 per cent. Cannabis was commonly abused in conjunction with cocaine and amphetamines. Venezuela also reported a stable situation for 1989. Abuse of cannabis mainly occurred in urban areas, the predominant age group being 20-25 years, 3 per cent of the users being women. Cannabis was often combined with abuse of coca paste.

2. Psychotropic substances

16. In Mexico, an estimated 0.65 per cent of the population had abused amphetamine-type substances at least once in their lifetime, with 207 persons registered in 1989. In the United States, the estimated annual prevalence for amphetamines was 4,957,000 persons, according to a 1988 household survey.

17. An estimated 0.71 per cent of the population had abused benzodiazepines and other tranquillizers in Mexico, 225 persons having been registered in 1989. An estimated 0.4 per cent of the population had abused other depressants (sedative-hypnotics), with 127 persons registered in 1989. For 1988, the United States reported that an estimated 4,407,000 persons had abused benzodiazepines or other minor tranquillizers and 3,099,000 persons had abused barbiturate-type sedatives. The United States also reported that in 1988 an estimated 5,342,000 persons had abused analgesics.

18. In 1989, 78 persons were registered for abusing hallucinogens in Mexico, but an estimated 0.25 per cent of the population had abused them at least once.

3. Volatile solvents

19. Some increase in volatile solvents was recorded by Ecuador, mainly in the 8-16-year age group, only 1 per cent of the users being women. Abuse occurred in both rural and urban areas, but especially in the lower social strata. Mexico reported that an estimated 0.65 per cent of the population had abused volatile solvents at least once, 208 persons being registered in 1989. The United States reported that an estimated 2,632,000 persons had abused volatile solvents in 1988.

C. Asia and the Far East

1. Narcotic drugs

20. Heroin abuse remained a serious problem. In Hong Kong, 36,382 persons had been registered as heroin users in 1989, which represented a decrease. Most of the users were in the 31-40-year age group, 8 per cent of them women.

The majority of the users injected the drug. Seventy per cent of the abusers were employed, and 88 per cent had been convicted. Sixty-six heroin-related deaths were reported.

21. Singapore also reported some decrease in heroin abuse. Abuse occurred mainly by people in the 20-29-year age group, 6 per cent being women. An estimated 9,000 persons abused heroin, 4,449 of them being registered, and the main means of administration was by inhalation. Abuse was most prevalent among school drop-outs and unskilled labourers in the lower income groups.

22. In Thailand, however, heroin abuse, mainly in the 26-30-year age group, showed some increase. Geographically, 65 per cent of the abusers lived in the north, 16 per cent in the central region, 16 per cent in the north-east, 1.59 per cent at Bangkok and 0.73 per cent in the south; 10.3 per cent were unemployed. Heroin was predominantly injected, and often used in combination with cannabis, opium or tranquillizers. The proportion of women was estimated at 4 per cent. Although heroin was also abused in Japan and the Philippines, the number of addicted persons was relatively low.

23. The smoking or eating of opium is a traditional activity in many parts of the region. In most cases, opium users were older than heroin users. In Hong Kong, the number of registered opium abusers fell from 2,807 in 1988 to 894 in 1989. The figures for other opiates showed a similar decline; there were 479 recorded opiate abusers in 1988 but only 369 in 1989. In 1989, however, 894 persons were registered for abuse of synthetic narcotics, while the figure for 1988 was 606. In Singapore, the opium abuse trend also showed some decrease in 1989, the age range being 40 years and above, only 2 per cent of the users being women. Some decrease was also reported in Thailand, the predominant age group being 26-35 years, 7 per cent of the users being women. Some opium abuse was also reported by the Philippines.

24. Abuse of synthetic narcotics and a small number of cases of cocaine abuse, were reported by Hong Kong and Japan. The Philippines reported that an estimated 200 persons had abused cocaine.

25. In general, abuse of cannabis had increased in the region.

26. Some increase in cannabis was recorded by Indonesia, mainly by smoking or eating, often in combination with psychotropic substances. The main age group was 16-24 years, 10 per cent being women. In Japan, it was estimated that 15,000 persons had abused cannabis (herb or resin), mainly in the 20-29-year age group, and that 15 per cent of the users were women, representing a slight decrease from the 1988 figure of 16,000. The Philippines reported that in 1989 an estimated 14,510 persons had abused cannabis on a daily basis (by smoking or eating), whereas in 1988 the number was 10,140. The most frequent use was in the 15-29-year age group, most of the users being unemployed, school drop-outs, students or employed persons in the low and middle income groups. The proportion of women was estimated at 7.4 per cent. Singapore also reported some increase in cannabis abuse, mainly in the 20-29-year category; the proportion of women was estimated at 1 per cent. Thailand and Hong Kong also reported cannabis abuse.

2. Psychotropic substances

27. Japan reported a decline in the number of people injecting amphetamine-type substances - mainly methamphetamine - from 210,000 persons in 1988

to 170,000 persons in 1989. About 17 per cent were women. This form of abuse was most common in the 20-24-year age group. The most occupational groups not affected were the unemployed or workers employed in restaurants, building construction and factories. The Philippines noted a large increase in the eating or sniffing of amphetamine-type substances. Such abuse was most prevalent in the 16-40-year age group, in all social strata, but only 4.5 per cent of the abusers were women. Hong Kong also reported some abuse of amphetamine-type stimulants.

28. In Hong Kong, 936 persons had been registered for the abuse of benzodiazepines and minor tranquillizers, and 584 persons for other depressants or sedative hypnotics - mainly methaqualone. The Philippines reported that an estimated 2,480 persons had abused benzodiazepines and minor tranquillizers, compared with 6,950 in 1988. Sedative-hypnotics were also abused, but the number of users was much lower.

29. A small number of cases of hallucinogen abuse were reported from Japan, Hong Kong and the Philippines.

3. Volatile solvents

30. An annual prevalence of 960 persons abusing volatile solvents was reported by the Philippines for 1989. In Singapore, it was estimated that 900 persons abused solvents, and in Thailand, 652 people had been registered for that type of abuse in 1988. For 1989, some increase was reported, the predominant age group being 16-20 years, 4.9 per cent of the abusers being women. Geographically, 33.7 per cent lived in urban areas of Bangkok, 28.4 per cent in the central region, 22 per cent in the north-east, 12.5 per cent in the north and 3.2 per cent in the south; 48 per cent were unemployed, and only 6 per cent were married.

D. Europe

1. Narcotic drugs

31. In the region as a whole, the abuse of heroin had been stable, but it had increased in some Mediterranean countries. Heroin was mainly abused by people from the lower social strata in urban areas, the average age being 20-30; approximately 25 per cent of the abusers were women.

32. Portugal reported that 1,658 persons had sought treatment for the first time in 1989 for opiate-type drugs, while Switzerland estimated that 17,900 persons had abused heroin on a daily basis. The total number of all drug-related deaths in Switzerland was 248, of which 240 were due to overdose.

33. For 1988, Turkey reported increasing heroin abuse (by injection or sniffing), often in combination with cannabis, benzodiazepines or cocaine. Such abuse occurred predominantly in the 18-25-year age group, 5 per cent of the abusers being women. In Spain, heroin abuse was stable, and occurred predominantly among the 20-24-year-olds, 18.6 per cent of the abusers being women.

34. Heroin injection had continued to increase in Italy, with an estimated 100,000-200,000 people abusing the drug on a daily basis. There were 45,000 persons receiving treatment for heroin addiction, 18,000 for the first time. Heroin abuse was most prevalent in the 25-35-year age group,

12 per cent of the abusers being women. It mainly affected the urban areas of northern parts of the country, and the middle and lower income groups. There were 965 deaths caused by heroin overdose.

35. In Denmark, the abuse (by injection) of opiates, including heroin, was a serious problem, with little discernible difference between 1988 and 1989. Women constituted 35 per cent of the heroin users. In 1988, 135 opiate-related deaths had been recorded, opiates being mainly abused by unemployed people from the lower social strata in urban areas. There had been some increase in the number of people injecting heroin in Monaco, mostly in the 18-30-year age group, 30 per cent of them being women.

36. Belgium reported that heroin had remained a significant problem. Norway, however, recorded some decline in heroin abuse (by injection), often in combination with alcohol or benzodiazepines. Such abuse occurred mainly in the 20-35-year age group, mostly in urban areas among unemployed people from the lower social strata. Sixty-four deaths had been caused by heroin overdose. In Yugoslavia, of 3,328 persons who received treatment for addiction to narcotic drugs, 189 were addicted to heroin. In the Netherlands, abuse of heroin was stable, with an estimated 15,000-20,000 daily heroin abusers, coming mainly from poorly educated people from low-income groups in urban areas. Abuse was most prevalent among people in the 25-35-year age group, 25 per cent of them being women, and it often occurred in combination with methadone, cocaine, benzodiazepines or alcohol. Multiple drug abuse increasingly led to complicated medical and psychological problems. Syringe exchange programmes were being used to prevent the spread of human immunodeficiency virus (HIV) infection through intravenous drug abuse.

37. In Sweden, heroin abuse (by injection), often in combination with alcohol, benzodiazepines, cannabis, amphetamines or cocaine, remained at the level in 1989 as in 1988. Heroin injection or inhalation showed some increase in San Marino. It occurred mainly among people in the 22-30-year age group, 25 per cent being women. Other countries reporting heroin abuse, usually on a small scale, included Cyprus and Iceland.

38. Countries reporting abuse of opiates other than heroin included Cyprus, Czechoslovakia, Denmark, the German Democratic Republic,* Hungary, Iceland, Poland, the Union of Soviet Socialist Republics and Yugoslavia. In Hungary, dihydrocodeine was abused by eating or injection, usually by people in the 18-30-year age group, 25 per cent being women. Such abuse, which was observed mainly in urban and suburban areas, remained at approximately the 1988 level. Hungary noted a large increase in the eating of a decoction of opium poppy capsules, mainly in urban and suburban areas. In Czechoslovakia, codeine abuse by injection, often in combination with alcohol, remained at approximately the 1988 level. Solutions prepared from preparations containing codeine and ephedrine were also abused. There were 6,814 persons registered for the abuse of drugs, including codeine, and 37 drug-related deaths had been recorded.

39. Poland reported that the abuse of opiates, mainly a decoction of poppy straw, sometimes in combination with benzodiazepines, had remained at

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*On 3 October 1990, the German Democratic Republic and the Federal Republic of Germany merged to form a single sovereign State called Germany.

approximately the 1988 level. The decoction of poppy straw, which was concentrated and sometimes acetylated, was abused by injection or eating, mainly by people in the 20-30-year age group, 25 per cent being women. It was most prevalent among unemployed urban dwellers, who had previously found social adaptation difficult. In 1988, 3,100 individuals had received treatment for opiate abuse. In the German Democratic Republic, the level of pethidine abuse by injection remained stable. It was distributed equally among men and women, mainly in the middle age group. In the USSR, 10,638 drug addicts had been registered for the first time in 1989, compared with 14,366 persons in 1988. Of these, 49.67 per cent were registered for abuse of opium (poppy oil). Some decrease in home-produced preparations from various poppy varieties and poppy straw was reported among those over 50, 12.15 per cent being women. Of the 10,638 drug addicts who had received treatment for the first time, 0.34 per cent had abused other opiates and 0.18 per cent synthetic narcotics.

40. There were 74 persons registered and receiving treatment for abuse of opium in Yugoslavia, 240 for other opiates, and 273 for synthetic drugs.

41. Cocaine had re-emerged as a significant drug of abuse in Europe and had generally increased somewhat, but not as much as had previously been predicted. The average age of abusers was 20-35 years.

42. Iceland reported an increase in cocaine sniffing, mainly by older people, 35 per cent being women, while, for the same year, Norway reported a decrease, especially in the 20-35-year age group. Abuse of cocaine mainly took place in the larger cities, among the middle classes. Spain reported a growing trend in cocaine abuse, mainly among people aged 20-24 years, 12 per cent being women. Sweden also noted an increase in cocaine sniffing, often in combination with alcohol, amphetamines or heroin. Cocaine was most prevalent in the 20-40-year age group. Switzerland estimated that 16,000 persons had abused cocaine on a daily basis and Monaco reported some increase, mainly in the 20-35-year age group, 40 per cent being women.

43. In the Netherlands, cocaine abuse remained at approximately the same level as in previous years. It was predominantly smoked or sniffed, often in combination with heroin. Belgium reported that it remained a significant problem, and in Italy, 250 persons had received treatment. Other countries reporting some cocaine abuse, usually on a small scale, included Cyprus, Portugal, Turkey and Yugoslavia.

44. The pattern of cannabis abuse was stable, with increases reported only by Turkey and the USSR. The average age was between 17 and 30 years.

45. Sweden reported cannabis abuse, often in combination with alcohol, amphetamines or heroin to be most prevalent in the 16-30-year age group. Switzerland estimated that 144,000 persons had abused cannabis on a daily basis. In Spain, cannabis abuse was stable, occurring mainly in the 18-25-year age group, 30 per cent of the users being women. Belgium reported that cannabis had remained a significant problem, while in Portugal 141 abusers of cannabis had been reported, 86 of them in Lisbon. For 1988, San Marino reported a decline in cannabis abuse. A stable pattern was also reported by Iceland, the predominant age group being 18-35 years, and the percentage of women abusers being 45. In the USSR, of those receiving treatment for the first time, 26.12 per cent abused cannabis. Some increase in home-produced preparations derived from hemp was also noted, the age group being up to

18 years, 12.15 per cent being women. The Netherlands estimated that 12,500 people were daily cannabis users.

46. In Hungary, cannabis abuse remained at approximately the 1988 level, mainly among those in the 18-26-year age group, 7 per cent being women. In Denmark, it also remained stable and was most common in the 16-35-year age group. Norway observed that cannabis abuse, often in combination with alcohol or benzodiazepines, had been most prevalent in the 15-35-year age group. The level remained at approximately the same as in 1988. Turkey, however, reported some increase in cannabis use, in both urban and rural areas, the predominant age group being 18-25 years, 0.1 per cent of the users being women. In Monaco, cannabis abuse was stable but was often combined with heroin, mainly by people in the 16-25-year age group, 30 per cent being women. In Italy, 2,500 persons received treatment for cannabis abuse. Yugoslavia also reported abuse of cannabis.

2. Psychotropic substances

47. Abuse of psychotropic substances was stable and no countries reported an increase.

48. The situation in Norway was stable in relation to the abuse of amphetamines by injection. Amphetamines were often combined with alcohol, mainly by those in the 18-38-year age group. For 1988, Sweden reported abuse of amphetamines by injection or eating in the 20-30-year age group, often in conjunction with alcohol, cannabis, cocaine or benzodiazepines. About 25-35 per cent of the users were women. Switzerland reported that 1,200 persons had abused amphetamine-type stimulants on a daily basis, while Iceland noted that the abuse of amphetamines had been stable compared with 1988. Amphetamines were eaten or injected, often with alcohol or sedatives. This type of abuse was observed mainly among people in the 20-40-year age group, 20 per cent being women. In Denmark, amphetamines were also often abused in combination with alcohol, mainly by those in the 18-35-year age group; the level remained stable. Czechoslovakia reported abuse of ephedrine. Other countries reporting small-scale abuse of amphetamine-type stimulants included Portugal and the German Democratic Republic.

49. Denmark reported stability for benzodiazepines, as did Sweden. In the latter country, benzodiazepines were often abused in combination with alcohol, amphetamines, cannabis or heroin, the age group ranging from 20 to 75 years, 60-70 per cent of the users being women.

50. In Italy, 2,250 people had received treatment for the abuse of psychotropic substances. Iceland said that sedatives had been eaten or injected, often in combination with alcohol. Abuse remained at approximately the same level as in 1988. There were 362 people registered for abuse of benzodiazepines and minor tranquillizers in Portugal, while in the USSR, 2,517 persons had received treatment for the first time for benzodiazepines, tranquillizers or sedative-hypnotics. In Turkey there was a decrease in the use of benzodiazepines. Czechoslovakia reported stable abuse of codeine, ephedrine and volatile synthetic substances; there were 53 deaths connected with those drugs. Abusers ranged in age from 15-25 years, 30 per cent of them being women.

51. In Hungary, glutethimide abuse remained at approximately the same level as in 1988. It was most prevalent among people aged 18-30 years, 25 per cent being women. A stable situation was also noted by Norway in relation to tranquillizers and other depressants. Poland and Yugoslavia also recorded some abuse of benzodiazepines, tranquillizers or sedative-hypnotics.

3. Volatile solvents

52. Czechoslovakia, Iceland, Norway, Poland, Spain, Turkey, the USSR and Yugoslavia reported abuse of volatile solvents, mainly by children and adolescents. There was an increase in Turkey, mainly by individuals in the 12-18-year age group, 5 per cent being women.

E. Near and Middle East

1. Narcotic drugs

53. Egypt reported a large increase in heroin and opium abuse, attributed to the increasing population. There were 308 registered opium abusers and 130 heroin abusers, but often the two drugs were used in combination. For both drugs, the predominant age range of users was 20-40 years. Heroin or opium were mainly abused by professional employed people in urban areas. The Islamic Republic of Iran reported that heroin use had been stabilized, while opium had shown some decline. An estimated 200,000 persons, predominantly young urban professional males, were daily abusers of heroin, usually by smoking. Opium abuse by smoking or eating occurred mainly in the middle and older age groups, in rural areas and among farmers. An estimated 400,000 were daily users. Israel reported some increase in the smoking or sniffing of heroin, the annual prevalence was estimated at 19,000 persons, mainly in the lower social strata, but lately a trend towards abuse by the population at large had been identified. The predominant age group was 25-40 years, 10 per cent of the users being women. There had been 60-70 deaths by overdose.

54. There were 145 abusers of cocaine registered in Egypt.

55. A large increase in cannabis (hashish) was noted by Egypt, where 488 abusers had been recorded, the predominant age group being 20-40 years, mainly among urban professionals. In the Islamic Republic of Iran, cannabis use was stable, the number of daily abusers being 50,000. Abuse occurred among young people in both rural and urban areas, especially in the eastern provinces. Israel reported an annual prevalence of 74,000 abusers of cannabis (hashish), the age group ranging from 18 to 50 years, 5 per cent of the users being women.

2. Psychotropic substances

56. In Egypt, there were some 1,081 users of amphetamine-type stimulants, while Israel reported an annual prevalence of 33,000 abusers of amphetamines.

57. Israel had recorded an annual prevalence of 75,000 persons abusing benzodiazepines, minor tranquillizers, other depressants or sedative hypnotics.

3. Volatile solvents

58. There was no report of abuse of volatile solvents in the region for 1989.

F. Oceania

1. Narcotic drugs

59. The abuse of heroin in Australia was stable and occurred mainly among the 18-30-year age group, 30-40 per cent of the users being women. New Zealand reported some increase in the use of heroin and opiates, mainly among 15-24-year-olds, due to an increased supply of heroin from Australia. The estimated annual prevalence of abusers of heroin, other opiates and synthetic narcotics was 5,000-15,000, depending on availability. The number of opium abusers was reported to be very low.

60. Cocaine use was also stable in Australia, but commonest among people in the 20-40-year age group, 30-40 per cent being women. New Zealand reported a very low level of cocaine abuse compared with other drugs.

61. Both Australia and New Zealand stated that cannabis use was stable, the main user group being aged 15-30 years in Australia, and 15-24 years in New Zealand; 30-40 per cent of the users were women.

2. Psychotropic substances

62. There was a slight rise in the abuse of amphetamines in Australia, the predominant age group being 15-30 years, 30-40 per cent of the users being women. In 1987, the last year for which figures were available, two deaths related to the abuse of amphetamines and six related to benzodiazepine had been reported, all from overdose, but the abuse of benzodiazepines was reported to be stable. New Zealand reported that the abuse (by eating) of amphetamine-type substances (anorexiants, anti-depressants and amphetamines), benzodiazepines and minor tranquillizers had remained unchanged. Six deaths related to those substances were reported in 1987. The abuse by eating or injection of other depressants (sedative-hypnotics) had decreased slightly. Eight deaths related to sedative-hypnotics had been reported in 1987. The abuse of psychotropic substances was most prevalent among the 15-24-year-olds.

3. Volatile solvents

63. Volatile solvent abuse had been stable in Australia, petrol sniffing occurring among some non-urban aboriginal children and young adults. Abuse of other volatile substances tended to be found among teenagers in urban areas. In New Zealand, the annual prevalence of solvent abuse was estimated at 5,000 persons. Three related deaths were reported in 1987.

Annex II

SPECIFIC MEASURES TO REDUCE ILLICIT DEMAND FOR DRUGS: PREVENTION, TREATMENT, REHABILITATION AND SOCIAL REINTEGRATION

A. Africa

1. Prevention

1. In Burkina Faso information activities had been undertaken, to discourage the abuse of alcohol, tobacco and toxicants especially for young people. In Chad an official campaign against drug abuse was being conducted through the mass media. In Côte d'Ivoire, conferences and exhibitions had been used as a means of informing schoolchildren, students and various associations about drug abuse, and in Ethiopia the same means had been used to instruct pharmacists. In Mauritius, the school curricula included preventive drug education and in Nigeria drug-related topics had been incorporated into the national curriculum for senior secondary schools. A musical drama about drug abuse had been performed in Nigerian universities and for secondary and primary school audiences, and sponsored jingles on the evils of drug abuse had been broadcast. The general public had been targeted through educational programmes against drugs and alcohol in South Africa. In Zimbabwe, school programmes were conducted by the Schools Psychological Services, and potential drug abusers were reached by community pharmacies, through Pharmacist Against Drug Abuse (PADA).

2. Treatment, rehabilitation and social reintegration

2. In Chad, people who were ill because of drug abuse were treated in the emergency room of the central hospital, and drug addicts were socially reintegrated with the help of their families. Côte d'Ivoire had implemented two programmes to reintegrate drug abusers. In Mauritius, 30 people had been treated for abuse of opiates, and with weekly follow-ups and family involvement in the process, the results had been good. An outreach group of a psychiatric hospital was working on the social reintegration of former drug abusers in Nigeria. In South Africa, 1,340 persons had sought treatment for cannabis abuse and 886 persons for abuse of psychotropic substances; social reintegration was an integral part of the after-care services. Zimbabwe had one rehabilitation centre and two church programmes aimed at the social reintegration of former drug abusers through religious conversion.

B. Americas

1. Prevention

3. The Bahamas have had good results with preventive programmes directed at students. Other programmes by voluntary organizations and religious groups were designed to reach the general public and youth groups. In Belize, programmes against drug abuse were carried out by the Parent Resource Institute for Drug Education (PRIDE/Belize). The Cayman Islands said that prevention programmes directed at the general public and parents were the most successful. Other programmes directed at schoolchildren of all ages and at high school students had achieved their objectives, while one for graduating students was reported to have met with only some degree of success. Ecuador

had programmes directed towards schoolchildren and students in all educational sectors to increase the awareness of drug abuse issues among educational personnel and parents. In Grenada, a programme had been incorporated into the school curriculum for the 11-16-year-olds, and its objectives had been partially achieved. In Mexico, preventive programmes had been directed towards parents, children and students; the object was to elicit an integrated response to potential drug abuse based upon the family and the community. A programme was being incorporated into the secondary school curriculum in Peru, and in rural areas programmes had also been targeted at schoolchildren. In Saint Vincent and the Grenadines, preventive efforts had been carried out through radio programmes for young people. New legislation had established the Federal Office for Substance Abuse Prevention in the United States of America and had made funds available for programmes. In Uruguay, programmes aimed at educational personnel in different educational sectors, parents and youth had been established. A bilateral programme was being prepared by Uruguay and Argentina. In Venezuela, programmes had been especially designed for parents, as well as for educationalists, students and the psychiatric community.

2. Treatment, rehabilitation and social reintegration

4. The Bahamas had a wide variety of treatment, rehabilitation and reintegration programmes, providing help for anyone with a drug problem at little or no cost. But as most chronic drug addicts refused treatment, health professionals were now advocating mandatory treatment. In treatment for the abuse of crack cocaine, medication (flupenthixol decanoate) seemed to enable patients to remain longer in an out-patient detoxification programme. The Cayman Islands reported that 39 persons had sought treatment for abuse of cannabis and 47 persons for abuse of coca-type drugs. It was estimated that 25 per cent of the persons who were no longer being treated were still abusing drugs; 12 per cent had recovered and for 63 per cent the outcome was unknown. Only a few cases of drug abuse were said to be being treated in general hospitals or psychiatric hospitals in Cuba. In Ecuador, the number of people receiving treatment were: for cannabis abuse, 75; for opiate abuse, 8; for coca abuse, 51; and for psychotropic substances, 21. In Grenada, 75 persons had received treatment for cannabis, four for abuse of coca-type drugs and three for psychotropic substances. In Saint Lucia, four persons had been treated for cannabis abuse and 67 persons for coca-type drugs; of the people who had stopped being treated for abuse of coca-type drugs, 22 per cent had relapsed after one year. As a result of the Black Grant Programme in the United States, each state had designed a social reintegration programme for drug abusers in its custody. In Uruguay, only six persons had been treated for abuse of cannabis and three for coca-type drugs. In Venezuela, 98 persons had been treated for cannabis, 95 for coca-type drugs and 10 for psychotropic substances. The average relapse rate of one year after having stopped treatment was 50 per cent, but an interdisciplinary approach to treatment and social reintegration on an experimental level had proved to be successful, none of the patients having suffered a relapse.

C. Asia and the Far East

1. Prevention

5. In Hong Kong, the School Talks Team of the Narcotics Division had given drug education talks to secondary schools, youth organizations and Vietnamese refugee camps. A major publicity effort had been undertaken, which included a

family camp, a variety show night, a model car race, drug education talks, a youth leader training programme and a drama competition. In Indonesia, prevention programmes had been designed for students, young people and the general public and the results were reported to be "quite good". Programmes were built into the curricula at various school levels, and target groups had been reached by special campaigns. Radio and television programmes for the general public had been undertaken in Japan and audio-visual materials and guidebooks on prevention for community leaders, teachers and health workers were reported as having "seemed quite successful". In the Philippines, preventive efforts were mainly addressed to youth leaders, teachers, parents and security officers of educational institutions, and a special programme had been designed for homeless children. A drug education programme was being developed as an integrated part of the school curricula. Programmes were incorporated into both primary and secondary school curricula in Singapore, while preventive programmes were being organized on a continuous basis by the Singapore Anti Narcotics Association, aiming at parents, school uniformed groups, factory or office workers and national servicemen. A programme for workers was being developed in Thailand. A pilot project delivered through the primary health care system had proved highly satisfactory. A programme through the mass media, addressing parents and youth groups on a systematic and continual basis was being evaluated.

2. Treatment, rehabilitation and social reintegration

6. In Hong Kong, 13,157 persons had been treated for abuse of opiates, 3,243 for the first time. A voluntary out-patient methadone treatment programme provided maintenance and detoxification services, together with counselling, financial help and housing assistance. Patients failing to achieve detoxification could remain on methadone maintenance for as long as they wanted. Drug-addicted prisoners underwent a treatment programme, followed by 12 months' supervision. The current success rate was over 70 per cent. In Indonesia, 174 persons had received treatment for cannabis abuse, eight persons for opiates and 577 persons for psychotropic substances. The average rate of relapse after one year was 10 per cent for cannabis, 5 per cent for opiates and 30 per cent for psychotropic substances. Programmes for social reintegration were carried out by the National Police, the results reported as being "quite good". Japan treated only a very few people for drug abuse. In the Philippines, 1,484 persons were receiving treatment, the average rate of relapse being 23.4 per cent one year after stopping treatment. A multidisciplinary treatment approach with a military influence had achieved a success rate of 80.6 per cent, voluntary and parents associations being organized to help in after-care and follow-up. In Singapore, 4,012 persons received treatment for opiate type drugs. The average rate of relapse one year after stopping treatment was 72.6 per cent. Here, the normal five-stage programme consisted of detoxification, recuperation and orientation, indoctrination, physical training and a work programme. In Thailand, 11,956 persons had sought treatment for opiates for the first time, 476 persons for cannabis, and 53 for psychotropic substances. Of 107 former addicts undergoing a religious rehabilitation programme, 37 were still in the programme. As a result of bringing young abusers of volatile solvents together with young people who had no drug problem, 25 of 88 abusers had become drug free. A therapeutic community approach aimed at self-development had been very successful; of 165 drug addicts, 133 had been discharged, most being able to return to a normal life and a permanent job.

D. Europe

1. Prevention

7. Preventive programmes were part of the school curricula at various levels in Belgium, and many schools also took initiatives individually. Information had been addressed to teachers, students and parents. Some of the programmes had shown encouraging results. In Czechoslovakia, programmes had been directed at the general public through the mass media, and specialists had received training. Prevention of drug abuse was part of the general health education in schools and concentrated on the 14-16-year-olds in Denmark, but attention was increasingly given to parents. In Finland, preventive information was part of the school curricula covering all age groups. Initiative groups had been established in several municipalities in the German Democratic Republic* aimed at preventing drug abuse. Programmes were also being carried out through the mass media. In Hungary, programmes were carried out at all educational levels. There was a telephone help-line on drug abuse for the general population. The "Lion-Quest programme" was being taught in schools in Iceland, while Liechtenstein was carrying out various information programmes. Programmes in the Netherlands were mainly directed towards intermediaries, such as parents and teachers, but secondary schools were paying increasing attention to drug abuse prevention. In Norway, it was taught as a special subject in primary schools; social workers at street level were concerned with drug abuse prevention in many communities. Teachers and parents of primary and secondary school children were the targets for drug prevention programmes in Poland, but there were also programmes providing alternatives to drug abuse for young people from risk groups. Portugal addressed its programme to various groups, such as schoolchildren, parents, teachers, health, welfare and social workers and the armed forces. In Spain, prevention was taught as part of health education at primary and secondary school level, but was also addressed to parents. At community level, information programmes were aimed at young people. In Sweden, a two-year campaign had been introduced, comprising advertisements, television spots, conferences, a "youth day" in government, films and pamphlets; a book on hashish had been sent to all parents with children of 14 years of age. In Switzerland, there had been prevention efforts in primary and secondary schools in all cantons, and two major campaigns had been launched. In Turkey, adolescents and their parents were targeted by programmes in the mass media, and in the Union of Soviet Socialist Republics, preventive programmes were addressed to specific risk groups.

2. Treatment, rehabilitation and social reintegration

8. Denmark had a variety of voluntary treatment programmes but no systematic evaluation of them so far. About 2,000 people were currently in methadone maintenance programmes, compared with 400 in the early 1980s. Different social reintegration programmes were administered locally, such as school programmes for people in methadone maintenance programmes, vocational programmes for younger females or special programmes for pregnant women. Social reintegration programmes were administered by different church organizations, such as Calvinists, Catholics or Baptists in Hungary, where there were also seven emergency centres.

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*On 3 October 1990, the German Democratic Republic and the Federal Republic of Germany merged to form a single sovereign State called Germany.

9. Iceland had about 400 people under treatment, 300 for abuse of cannabis and 20 for opiates, 105 persons having been treated for the first time in 1989. The rate of relapse one year after treatment was about 35 per cent for all categories. Social reintegration was achieved by various methods, including long-term care by Alcoholics Anonymous and Narcotics Anonymous. Italy reported 50,000 people under treatment, of whom 2,500 were treated for cannabis, 45,000 for opiates, 250 for coca type drugs, and 2,250 for psychotropic substances. Of these, 20,040 were first-time cases (cannabis 1,040; opiates 18,000; coca 100; and psychotropics 900). Monaco reported that 19 persons had received medical treatment in 1988 and 44 were receiving some form of treatment aimed at social reintegration.

10. In the Netherlands, about 35,000 persons had received treatment, of whom 20,000 were treated for coca, 15,000 for opiates but only a few for cannabis. The aim was to implement "non-moralistic" treatment and social reintegration efforts, thereby also using methods not referred to in the 1988 Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control, a/ such as "harm reduction" or "risk minimization". The object is not necessarily to achieve a drug-free life but to "improve the addicts' physical and social well-being and to help them to function in society in a more stabilized way". The Netherlands had methadone maintenance programmes in about 30 cities and a regional network of contact persons. These efforts were supported by the "Federation of Netherlands' Junky Unions". Social reintegration was carried out through supervised accommodation, training and adjustment to work, education and after-care.

11. There were 3,200 persons being treated in Poland, where long-term treatment was carried out through therapeutic social communities and administered by the public health services and private or church organizations. In Portugal, 1,737 persons had received treatment in 1989, of which 1,658 had been treated for opiates, 74 for cannabis and five for coca abuse. San Marino reported 26 persons under treatment, 24 for opiate abuse and two for cannabis. Three had been treated for the first time. No relapses had been reported. Patients had been treated in therapeutic communities and through family care and reintegrated with the help of social contact programmes.

12. The number of patients being treated for opiate-related drugs was 18,334 in Spain, where there were especially designed reintegration programmes for prisoners and persons in youth centres and in the army, and for marginal social groups. Such programmes were often designed to obtain or improve work skills.

13. In Sweden, a total of 4,610 patients had received treatment, 3,000 of them for abuse of psychotropic substances, 1,000 for cannabis, 600 for opiates and 10 for coca. Of the total, 860 persons had received treatment for the first time: 250 for cannabis, 50 for opiates, 10 for coca and 550 for psychotropic abuse. The rate of relapse was relatively high for opiates (80 per cent) and psychotropic-related cases (50 per cent). As part of its "Offensive Treatment of Drug Abusers" strategy, Sweden had a large public and private network for social reintegration. Activities were carried out in about 25 different locations, where a range of different people and organizations were used, such as therapeutic communities, employment exchange offices, regional social insurance offices, local housing authorities, social welfare communities and local trade unions.

14. Turkey reported 439 patients under treatment: 123 were treated for opiate abuse, 87 for psychotropic substances, 27 for cannabis and two for coca. One hundred and thirty-seven patients had received treatment for the first time, of whom 60 had been treated for cannabis, 40 for opiates, two for coca and 35 for psychotropic abuse. The rate of relapse ranged between 50 per cent for cannabis and 75 per cent for opiates.

15. All known drug abusers had to undergo a mandatory minimum treatment programme in the USSR, as a result of which, 33.81 per cent could continue with their work and regular life-style. Almost 50 per cent of the abusers had lost their jobs and had entered a mandatory treatment/job-placement programme; about 2 per cent of the patients had immediately become pensioners, owing either to age or to bad health.

E. Near and Middle East

Treatment, rehabilitation and social reintegration

16. In Egypt, 442 people had received treatment for addiction, 308 cases involving opiate-type drugs; 30 relapses had been reported. Four State and private organizations had been engaged in social reintegration for addicts. In Iraq, Baghdad hospitals had treatment facilities for alcohol and drug addicts, who come on a voluntary basis. In Israel, 1,000 abusers received treatment, with a relapse rate of 40 per cent. In 1990, family and community-based treatment was offered in 64 communities, 25 more than in 1989. Detoxification programmes lasting for three-four weeks had also been conducted in families of drug abusers. About 600 people had taken part in these programmes; 55 per cent had attained the goal of being able to function normally in society and had had negative urine tests over a period of 18-24 months. Qatar had achieved positive results with benzodiazepine- substitute programmes for drug abusers who wanted to withdraw.

F. Oceania

Treatment, rehabilitation and social reintegration

17. From 6,000 to 10,000 new abusers had received treatment in New Zealand; 4,000-6,000 cases were related to cannabis, 500 to opiates, and 2,000-4,000 to psychotropics. Coca-related cases were not reported. Good results had also been achieved in programmes designed for the Maori population, relying heavily on their cultural values. About 1,000 clients were participating in methadone maintenance programmes. In addition, outpatient treatment was provided in each health area, as well as about 750 beds for residential treatment.

18. In Australia, 10,109 people had received treatment for drug abuse, 6,359 related to opiates, 2,730 to psychotropic substances, 954 to cannabis and 66 to coca; of these, 2,979 had been treated for the first time, 249 receiving treatment for cannabis, 1,381 for opiates, 29 for coca and 1,320 for psychotropics. Owing to the country's federal structure, treatment and social reintegration programmes varied from state to state, but public and private programmes were carried out almost everywhere. The same was true for methadone maintenance programmes.

Note

a/ Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987 (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A.